This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:					
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov				
General instru	ems (Short Form) uctions are located of this workbook	2/28/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	/Y/(Period))					
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
Accounting Period	20242	Barcode Data Filing Period (optional -	see instructions)					
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing	ng. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
	VALLEY TELECOMMUNICATIONS C	OOP ASSOCIATION INC.						
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF PO BOX 7	CABLE SYSTEM						
	(Number, street, rural route, apartment, or suite r HERREID, SD 57632 (City, town, state, zip)	umber)						
С	INSTRUCTIONS: In line 1, give any busin							
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM	:						
	2 (Number, street, rural route, apartment, or suite r	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)							
<u> </u>								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Return completed workboo

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	29					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	home parks should be reported in parentheses below the identil					
	CITY OR TOWN	STATE					
First	HERREID	SD					
ommunity	HOSMER	SD					
	EUREKA	SD					
ows as Necessary	IPSWICH LEOLA	SD SD					
	LEOLA	SD					
	GLENHAM	SD					
	POLLOCK	SD					
	MOUND CITY	SD					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							-2E. PAGE
Name	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.								299
E Secondary Transmission Service: Sub-	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).							nformation ng on the broken	
scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate counit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block	umber of billings ice at the rate ir harged for each (Example: "\$20 ounts allowed fo in space E, the	s in that ndicated- n categor 0/mth"). or advan e form lis	category (the —not the num ry of service. Summarize a ace payment. ts the categor	number of nber of sets Include bot ny standar ries of seco	persons or org s receiving serv- th the amount of d rate variation ondary transmis	yanizations of vice). of the chargo s within a pa ssion service	charged e and the articular rate e that cable	
	systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	e: Where an ind should be count ble service to a nce again unde nas rate categor iers of services	lividual o ted as a dditional er "Servio ries for s that incl	or organization subscriber in sets would b ce to addition secondary trai ude one or m	n is receivin each appli e included al set(s)." nsmission ore second	ng service that cable category in the count ur service that are lary transmission	falls under o . Example: a der "Servico e different fro ons), list the	different a residential e to the om those em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		7	19.99	Econor	ny		7	25.3
	 Service to additional set(s) FM radio (if separate rate) Motel, hotel 								
	Commercial Converter • Residential								
	Non-residential								
F Services Other Than Secondary Fransmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscribe hose services th e two exception or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge	er) inform hat are r ns: you d ished to usually b ne cable tem furn e was ma	nation with re not offered in o not need to nonsubscribe illed. If any ra system for ea ished or offer ade or establis	spect to all combinatio give rate i ers. Rate in ites are char ites of the a ed during t	n with any secon nformation con formation shou arged on a vari pplicable servi he accounting	ondary trans cerning (1) s ld include b able per-pro ces listed. period that v	smission services oth the ogram basis, were not	
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable			t ion: Non-res el, hotel	idential		BASIC		80.9
	• Pay cable—add'l channel			imercial			BASIC	PLUS	89.4
	Fire protection		• Pay				EXPAN		91.4
	•Burglar protection		• Pay	cable-add'l cl	nannel			IDED PLUS	99.6
	Installation: Residential		• Fire	protection			HBO		16.9
	• First set		-	lar protection			CINEM		12.9
	Additional set(s) EM radio (if separate rate)			ervices: onnect			SHOW		14.9 12.9
	 FM radio (if separate rate) Converter 		• Disc	onnect et relocation				EDZONE	12.9
			• Mov	e to new addr	ess				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		FORM SA1-2E. PAGE 3 SYSTEM ID#				
Name			ON INC.	2995				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community with which the station is i							
	1. CALL SIGN	4. LOCATION OF STATION						
	KDLO	3.1	N	Sioux Falls, SD				
	KDLO-2	3.2	N-M	Sioux Falls, SD				
Rows as Necessary	KFYR	5.1	N	Bismarck, ND				
	KELO-2	11.2	N-M	Sioux Falls, SD				
	KELO-4	11.4	N-M	Sioux Falls, SD				
	КХМВ	12.1	N	Bismarck, ND				
	KSFY	13.1	N	Sioux Falls, SD				
	KSFY-2	13.2	N-M	Sioux Falls, SD				
	KSFY-3	13.3	N-M	Sioux Falls, SD				
	KCSD	24.1	Е	Sioux Falls, SD				
	KCSD-3	24.3	E-M	Sioux Falls, SD				
	KCSD-4	24.4	E-M	Sioux Falls, SD				
	КСРО	26.1	I	Sioux Falls, SD				
	KWSD-DT	36.1	N	Sioux Falls, SD				
	KDLT	46.1	N	Sioux Falls, SD				
	KDLT-2	46.2	N-M	Sioux Falls, SD				

Accounting P			YSTEM:					M SA1-2E. PAGE
				ON INC.				29
								23
	NSMITTERS	RADIO						
			rried on a separate and discre	ete basis and list	those FM stat	ions car	ried on an	Н
			nerally receivable by your cabl					-
			-Band FM Carriage: Under C tem whenever it is received at					Primary Transmitters
n the basis of	monitoring, to	be recei	ved at the headend, with the s	system's FM ante	nna, during ce	ertain sta	ated intervals.	Radio
		t the Co	pyright Office regulations on the	his point, see pa	ge (v) of the g	eneral ir	structions in the.	
aper SA1-2 for Column 1: lo		sian of e	each station carried.					
			n is AM or FM.					
			nal was electronically processe	ed by the cable s	ystem as a se	parate a	and discrete	
			k mark in the "S/D" column. on (the community to which the	o station is licen	ad by the EC(° or in f	he case of	
			the community with which the				ne case of	
					,			
	AN4	0/D				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		L				<u> </u>	t	

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	VALLEY TELECOMMU	NICATION	NS COOP AS	SOCIATION INC.				2995
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non	network televisi	on program, broadcast by a				
Substitute	explanation of the programmi	•••	· ·	•				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basis	s, any nonnet	work televis	sion program	1
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progran	n
	log in block 2.	,	1.5	, ,	, ,		1 5	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s	itute progra ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broac sign of the s dcast statio	m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th	ows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program ""Yes." Otherwise enter "N sting the substitute program e community to which the	brogram") tha d for the prog aral instruction n titles, for exa lo." m. station is lice	t, during the ramming of ns for furthe ample, "I Lo nsed by the	e accounting another stat r informatior ove Lucy" or	ion
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	th and day e "5/7." es when the Example: a er "R" if the nd regulatic	when your syst substitute prog program carrie listed program ons in effect du	em carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for progra ring the accounting period;	orogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let	List the tim 8:30 p.m. s our system ter "P" if the	nes accuratel hould be was <i>required</i> listed progra	y d
	S	UBSTITUT	E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	TIMES — TO	DELETION
							_	
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	SY	STEM ID# 2995
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	,996.80 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	· ·	52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u>1,319.00</u> 0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name		ER OF CABLE SYSTEM: MMUNICATIONS COC	PASSOCIATION INC.		SYSTEM ID# 2995
M Channels	to its subscribers, and 1. Enter the total nu system carried te 2. Enter the total nu on which the cab	nd (2) the cable system's mber of channels on wh levision broadcast statio mber of activated chann le system carried televis	s	nting period.	16 186
N Individual to			IER INFORMATION IS NEEDED (Identify an individu		
Be Contacted for Further Information	Name Ai	rnie Hanson		Telephone 605-4	37-2615
	(Nu He	D Box 7 Imber, street, rural route, apar erreid, SD 57632-0 y, town, state, zip)			
	Email	arnie.h@valley	el.coop Fa	ax (optional	
	CERTIFICATION (This	s statement of account n	ust be certified and signed in accordance with Copyrig	ght Office regulations)	
O Certification	(Owner oth (Agent of o in lin X (Officer o in lin • I have examined the	her than corporation or owner other than corpor ne 1 of space B and that t r partner) I am an officer ne 1 of space B. statement of account and nd correct to the best of r	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as iden tion or partnership) I am the duly authorized agent of e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the lega hereby declare under penalty of law that all statements of y knowledge, information, and belief, and are made in gr	the owner of the cable system as al entity identified as owner of the of fact contained herein	
		Typed or printe Title:	General Manager/CEO le of official position held in corporation or partnership)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ILEY TELECOMMUNICATIONS COOP ASSOCIATION INC. 25 Second Statement Concerning GROSS RECEIPTS EXCLUSIONS The Satellite home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subsecretives and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Name Maing Address Nuster complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q	unting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT Code CRNING GROSS RECEIPTS EXCLUSIONS IT Statelite theme Viewer Act of 1988 amended The 17, section 111(d)(1)(A), of the Copyright Act by adding the follows. The Statelite theme Viewer Act of 1988 amended The 17, section 111(d)(1)(A), of the Copyright Act by adding the follows. The Statelite theme Viewer Act of 1988 amended The 17, section 111(d)(1)(A), of the Copyright Act by adding the follows. The Statelite theme Viewer Act of 1988 amended The 17, section 111(d)(1)(A), of the Copyright Act by adding the follows. The scheme and amount collected from subcording reaching Steep Tree Provide Control by transmissions pursue to back that 119. The more information on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. The accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by additile carriers to statelitic carrier(s) below. There is a the total here and list the satelitic carrier(s) below. The action of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The a mount of late payment or underpayment. The a mount of late payment or underpayment. The a mount of late payment or underpayment. The a Multiply line 1 by the interest rate* and enter the sum here The action of the mean of days late and enter the sum here The action of the cable page. The S Not Doub? The is the date and club in the sate of the sate set of a late payment or underpayment. The a Multiply line 3 by 0.00274** and enter there The submeter of advises and enter the sum here The action of the cash cable chart click on www.copyright gov/ficensig/interest-rate parts. The is the decimal equivalent of 1385, which is the interest assessment for one day tale. The submeter is the date click on www.copyright gov/ficensig/interest-rate parts. The is the decimal equivalent of 1385, which is the interest assessment for one day tale. The submeter is address, first community se	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statelite Home Veewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- in determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorchers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.° For more information on when to exclude these amounts, see the note on page (vii) of the general instructions cocated in the pager SA1-2 form. There information on when to exclude these amounts, see the note on page (vii) of the general instructions cocated in the pager SA1-2 form. There information on when to exclude these amounts, see the note on page (vii) of the general instructions constructed by satellite carriers to satellite carrier(s) below. There information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. There is the total here and list the satellite carrier(s) below. There is some the total here and list the satellite carrier(s) below. There is assessment, see page (viii) of the general instructions located in the pager SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here . the 3 Multiply line 1 by the interest rate* and enter the sum here . the 4 Multiply line 3 by 0.00274* and enter here in space L (page 6) block 1, line 2, or block 2 line 6, or block 3 line 6. to view the interest rate chant dick on www. copyright gew/nensing/forterst-rate pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gew. The is the decimal equivalent of 1/365, which is the interest assessment for one day take. NDTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Office, please is to the unere, address, first community served [.D number, and accounting period as given in the original filling. Own	LEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	299
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No Test. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Name Maling Address	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-	- Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below\$ Name Mating Address Mating Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. X Line 2 Multiply line 1 by the interest rate* and enter the sum here. x		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maring Address Maling Address Marine Maling Address Marine INTEREST ASSESSMENT Marine Address You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q Line 1 Enter the amount of late payment or underpayment. - Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. * This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright filing. Owner Address - - Address - - - Di number - - - First community served <t< td=""><td></td><td></td></t<>		
Name Name Malling Address Malling Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	X NO	
Mailing Address Mailing Address Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. C For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. C Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment		
Line 3 Multiply line 2 by the number of days late and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	
To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
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